

PTO/SB/22 (12-04)

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005**Docket Number (Optional)
27116-701.301

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).))

Application Number: 09/426,792

Filed: October 22, 1999

For: Methods For Reducing Mortality and Morbidity by Postoperative Administration of a Pharmacologic Cardiovascular Agent

Art Unit: 1614

Examiner: P.G. Spivack

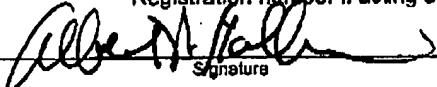
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input type="checkbox"/> Two Month (37 CFR 1.17(a)(2))	\$450	\$225	\$_____
<input checked="" type="checkbox"/> Three Month (37 CFR 1.17(a)(3))	\$1020	\$510	<u>\$510.00</u>
<input type="checkbox"/> Four Month (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five Month (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-2415. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). Attorney or agent of record. Registration Number _____ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 25,227
Signature

April 8, 2005

Date

Albert P. Halluin

Typed or printed name

(650) 493-9300

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.

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